

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50776

FILED  
Aug 08, 2002  
Secretary of State

Entity Name: THE CENTRAL FLORIDA SPORTS COMMISSION, INC.

**Current Principal Place of Business:**

126 E LUCERNE CIRCLE  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

126 E LUCERNE CIRCLE  
ORLANDO, FL 23801 US

**New Mailing Address:**

FEI Number: 59-3152788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RANDY JOHNSON  
420 SYCAMORE ST  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHNSON, RANDY  
Address: 420 SYCAMORE ST  
City-St-Zip: CELEBRATION, FL 34747

Title: CD ( ) Delete  
Name: PREVOST, JACK  
Address: 1411 EDGEWATER DRI SUITE 200  
City-St-Zip: ORLANDO, FL 32084

Title: CD ( ) Delete  
Name: AGUEL, GEORGE  
Address: 200 CELEBRATION PLACE 6TH FLOOR  
City-St-Zip: CELEBRATION, FL 34747

Title: TSD ( ) Delete  
Name: BEUCHER, BOB  
Address: 10400-CR 48  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: VD ( ) Delete  
Name: SABOOR, JOHN  
Address: 1202 W. HARVARD ST.  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ED (X) Change ( ) Addition  
Name: SABOOR, JOHN  
Address: 1202 W. HARVARD ST.  
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. SABOOR

ED

08/08/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date